



1600 9th Street, Sacramento, CA 95814
(916) 654-3168

October 23, 2006

TO: COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: ANNUAL QUALITY IMPROVEMENT WORK PLAN

This letter is a reminder for county Mental Health Plans (MHPs) to prepare their annual Quality Improvement (QI) Work Plan as required by the MHP contract (see enclosed Exhibit A, Attachment 1, Appendix A) with the State Department of Mental Health (DMH). Since the MHP contract does not specify what time period the work plan should cover, MHPs have elected to submit work plans for calendar years, State fiscal years and other annual periods. However, DMH does request that the time period selected be clearly indicated in the annual work plan.

Although DMH approval is not required for MHPs to implement their plan, we request that a copy of your most recent work plan be submitted to your respective County Operations Liaison by November 30, 2006, either electronically or by postal mail. If your most recent QI Work Plan has already been submitted, you may disregard this reminder. Should you have further questions, please contact your County Operations Liaison (see enclosure).

Sincerely,

A handwritten signature in black ink that reads "John Glaviano, for". The signature is written in a cursive, flowing style.

MARGIE GLAVIANO, Chief
County Support Branch

Enclosures

cc: County Mental Health Quality Improvement Coordinators

Quality Improvement Program

A. The Mental Health Plan (MHP) shall have a written Quality Improvement (QI) Program Description, in which structure and processes are clearly defined with responsibility assigned to appropriate individuals. The following elements shall be included in the QI Program Description:

- The QI Program Description shall be evaluated annually and updated as necessary
- The QI Program shall be accountable to the MHP Director
- A licensed mental health staff person shall have substantial involvement in QI Program implementation
- The MHP's practitioners, providers, consumers and family members shall actively participate in the planning, design and execution of the QI Program
- The role, structure, function and frequency of meetings of the QI Committee and other relevant committees shall be specified
 - The QI Committee shall oversee and be involved in QI activities, including performance improvement projects.
 - The QI Committee shall recommend policy decisions; review and evaluate the results of QI activities, including performance improvement projects; institute needed QI actions; and ensure follow-up of QI processes.
 - Dated and signed minutes shall reflect all QI Committee decisions and actions.
- The QI Program shall coordinate with performance monitoring activities throughout the MHP, but not limited to, client and system outcomes, utilization management, credentialing, monitoring and resolution of beneficiary grievances, appeals and fair hearings and provider appeals, assessment of beneficiary and provider satisfaction, and clinical records review
- Contracts with hospitals and with individual, group and organizational providers shall require: cooperation with the MHP's QI Program, and access to relevant clinical records to the extent permitted by State and federal laws by the MHP and other relevant parties.

B. The QI Program shall have an Annual QI Work Plan including the following:

An annual evaluation of the overall effectiveness of the QI Program, demonstrating that QI activities, including performance improvement projects have contributed to meaningful improvement in clinical care and beneficiary service, and describing completed and in-process QI activities, including performance improvement projects:

- Monitoring of previously identified issues, including tracking of issues over time;
- Planning and initiation of activities for sustaining improvement, and
- Objectives, scope, and planned activities for the coming year, including QI activities in each of the following six areas. The QI activities in at least two of the six areas and any additional areas required by the Centers for Medicare and

Medicaid Services in accordance with Title 42, Code of Federal Regulations (CFR), Section 438.240(a)(2) shall meet the criteria identified in Title 42, CFR, Section 438.240(d) for performance improvement projects. At least one performance improvement project shall focus in a clinical area and one in a nonclinical area.

1. Monitoring the service delivery capacity of the MHP

The MHP shall implement mechanisms to assure the capacity of service delivery within the MHP

- The MHP will describe the current number, types and geographic distribution of mental health services within its delivery system
- The MHP shall set goals for the number, type, and geographic distribution of mental health services

2. Monitoring the accessibility of services

In addition to meeting Statewide standards, the MHP will set goals for:

- a. Timelines of routine mental health appointments;
- b. Timeliness of services for urgent conditions;
- c. Access to after-hours care; and
- d. Responsiveness of the MHP's 24 hour, toll free telephone number.

The MHP shall establish mechanisms to monitor the accessibility of mental health services, services for urgent conditions and the 24 hour, toll free telephone number.

3. Monitoring beneficiary satisfaction

The MHP shall implement mechanisms to ensure beneficiary or family satisfaction.

The MHP shall assess beneficiary or family satisfaction by:

- surveying beneficiary/family satisfaction with the MHP's services at least annually
- evaluating beneficiary grievances, appeals and fair hearings at least annually; and
- evaluating requests to change persons providing services at least annually

The MHP shall inform providers of the results of beneficiary/family satisfaction activities

4. Monitoring the MHP's service delivery system and meaningful clinical issues affecting beneficiaries, including the safety and effectiveness of medication practices.

The scope and content of the QI Program shall reflect the MHP's delivery system and meaningful clinical issues that affect its beneficiaries.

Annually the MHP shall identify meaningful clinical issues that are relevant to its beneficiaries for assessment and evaluation:

- These clinical issues shall include a review of the safety and effectiveness of medication practices. The review shall be under

the supervision of a person licensed to prescribe or dispense prescription drugs.

- In addition to medication practices, other clinical issue(s) shall be identified by the MHP.

The MHP shall implement appropriate interventions when individual occurrences of potential poor quality are identified.

At a minimum the MHP shall adopt or establish quantitative measures to assess performance and to identify and prioritize area(s) for improvement. Providers, consumers and family members shall evaluate the analyzed data to identify barriers to improvement that are related to clinical practice and/or administrative aspects of the delivery system.

5. Monitoring continuity and coordination of care with physical health care providers and other human services agencies

The MHP shall work to ensure that services are coordinated with physical health care and other agencies used by its beneficiaries

- When appropriate, the MHP shall exchange information in an effective and timely manner with other agencies used by its beneficiaries
- The MHP shall monitor the effectiveness of its MOU with Physical Health Care Plans

6. Monitoring provider appeals

The following process shall be followed for each of the QI work plan activities #1 - 6 identified above that are not conducted as performance improvement projects, to ensure the MHP monitoring the implementation of the QI Program. The MHP shall follow the steps below for each of the QI activities:

1. collect and analyze data to measure against the goals, or prioritized areas of improvement that have been identified
2. identify opportunities for improvement and decide which opportunities to pursue
3. design and implement interventions to improve its performance
4. measure the effectiveness of the interventions
5. incorporate successful interventions in the MHP as appropriate

C. If the MHP delegates any QI activities there shall be evidence of oversight of the delegated activity by the MHP

A written mutually agreed upon document shall describe:

- the responsibilities of the MHP and the delegated entity
- the delegated activities
- the frequency of reporting to the MHP
- the process by which the MHP shall evaluate the delegated entity's performance, and

- the remedies, including revocation of the delegation, available to the MHP if the delegated entity does not fulfill its obligations

Documentation shall verify that the MHP:

- evaluated the delegated entity's capacity to perform the delegated activities prior to delegation
- approves the delegated entity's QI Program annually or as defined by contract terms
- evaluates annually whether the delegated activities are being conducted in accordance with State and MHP Standards; and
- has prioritized and addressed with the delegated entity those opportunities identified for improvement